

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS DESCRIBED IN 21 CFR 1271.10	FEI: 0001475219	Other FDA Registrations: Blood: FEI: 0001475219 Devices: Drugs:	Reason For Last Submission: Annual Registration/Listing Last Annual Registration Year: 2020 Last Registration Receipt Date: 11/18/2019 Summary Report Print Date: 12/10/2019
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------	------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Legal Name and Location: Northern Illinois Blood Bank, Inc. dba Rock River Valley Blood Center 419 N. 6th Street Rockford, Illinois 61107 USA Phone: 815-965-8751 Ext.:	Reporting Official: Cathy P Midtsem, Quality Systems Director 419 N. 6th Street Rockford, Illinois 61107 USA Phone: 815-965-8751 Ext. 334 cmidtsem@rrvbc.org	Satellite Recovery Establishment: No Parent Manufacturing Establishment FEI No.: Testing For Micro-Organisms Only: No Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)).
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

HCT/P(s)	Donor Type(s)	Establishment Functions								Date of Discontinuance	Date of Resumption	Proprietary Name(s)
		Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute			
Amniotic Membrane												
Blood Vessel												
Bone												
Cardiac Tissue - non-valved												
Cartilage												
Cornea												
Dura Mater												
Embryo												
Fascia												
Heart Valve												
HPC Apheresis	Family Related	X	X	X	X	X	X	X	X			
HPC Cord Blood												
Ligament												
Nerve Tissue												
Oocyte												
Ovarian Tissue												
Pancreatic Islet Cells - autologous												
Parathyroid												
Pericardium												
Peripheral Blood Mononuclear Cells	Autologous	X	X	X	X	X	X	X	X			
Peritoneal Membrane												
Sclera												
Semen												
Skin												
Tendon												
Testicular Tissue												
Tooth Pulp												
Umbilical Cord Tissue												

Additional Information: No additional information provided.

Proprietary Name(s):

FEI: 0001475219

Legal Name: Northern Illinois Blood Bank, Inc. dba Rock River Valley Blood Center